"Please print clearly or type." SEE INSTRUCTIONS ON REVERSE SIDE

COUNTY OF RIVERSIDE EXPENSE REIMBURSEMENT CLAIM

Employee's Supervisor's Signature Indicating Approval

Payable to			2. CEID.	EID			ω	DATE		
Adding								DATE		
Address:	NUMBER AND STREET	STREET					4			
CITY	STATE				2	ZIP CODE				
5. Date	6. Destination and Purpose of Trip	7. Transportation	ortation			9. Meals		10. Mis	10. Miscellaneous	
		Miles Private Car	Fares Public Trans.	8. Lodging	Bkft	Lunch	Dinner	Purpose		Amount
			-	-	-	-	-			
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			- -	- -	- -	- -	- -			-
	Total		-	-	-	-	-			
ERIFICATION:	The undersigned under penalty of perjury, states: The above items are true and correct; are in conformity with rules and regulations pertaining to travel, meals, lodging and use of private vehicles, and that no part thereof has been previously paid. Authorization to drive private vehicle on County business must be on file in your department.	above items ar nd use of privat le on County b	e true and co e vehicles, a usiness mu	orrect; are in and that no p	conformity wart thereof h	ith rules as been artment.	13 Milea	Mileage Claimed Miles At	69 11	
Employee Signature	ture		12. Total \$	otal \$				Miles At	8	
N FORM 14 (Rev 5 88							Tot	Total \$ Amt of Mileage		
N FORM 14 (Rev 5 88)	8)						100			

GEN FORM 14 (Rev 5 88)

INSTRUCTIONS FOR PREPARATION OF EXPENSE REIMBURSEMENT CLAIM

departmental payroll clerk MILEAGE REIMBURSEMENT: This form is to be used for employee mileage reimbursement and submitted to the

appropriate information and authorizing signature OTHER EMPLOYEE TRAVEL REIMBURSEMENT: This travel detail form must be attached to a general form 9 with the

Each numbered instruction refers to the corresponding number on the front side of this form

- Name and address all reimbursement warrants are to be mailed
- 2. County Employee ID number
- 3. Employee's supervisor's approval and date
- Name of department submitting claim.
- 5. Enter date of each trip and or expense incurred
- 6. Self-explanatory
- 7 Regulations) such as airplane, train, bus, taxi, etc. is used, enter dollar amount. (See Sec. 304 and 305 County Administrative If private car is used, enter total miles for each trip. No fraction of a mile should be used. If public transportation
- 8. (See Sec. 302 County Administrative Regulations) (Lodging)
- 9. (See Sec. 303 County Administrative Regulations) (Meals)
- 10 This column to be used for miscellaneous expenditures such as parking, business telephone calls, etc. Indicate both the amount and purpose for which the expense was incurred
- 11. To be signed by employee incurring expenses
- 12. Total amount of claim, without mileage
- 13. Enter recap of mileage claimed